

Appendix A – Test Notification Format**CALIFORNIA STATE FIRE MARSHAL
PIPELINE SAFETY DIVISION
NOTIFICATION OF PROPOSED HYDROSTATIC TEST**

Est. Time of Test	4 Hr.	8 Hr.	Test Date:	CSFM ID#
Pipeline Operator			Independent Testing Firm	
Person Calling				
Telephone Number				
Kind of test <input type="checkbox"/> Annual <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> Other New Pipe <input type="checkbox"/> Pre-tested Pipe <input type="checkbox"/> Replacement or Relocation <input type="checkbox"/> Station piping				
CSFM Number	Name and description of pipeline to be tested		Length	
Test Pressure				
Location of Test Equipment				
Test Medium <input type="checkbox"/> Water <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel Oil <input type="checkbox"/> JP-5 <input type="checkbox"/> Other				
If other than water, has waiver been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Call Received by		Date		Time
Comments (Additional information) 				